

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010786

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAR 19 1962

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Kansas City

Length of stay in 1b

2 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

St. Joseph Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY

OR TOWN

Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)
3918 McGee, 3rd Floor

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First
ALBERTMiddle
GLast
BOUTROSS

4. DATE OF DEATH

Month
FebruaryDay
22Year
1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9-14-02

9. AGE (last birthday)

59

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Linen Merchant-Self

10b. KIND OF BUSINESS OR INDUSTRY

Peter Boutross Co

11. BIRTHPLACE (City and state or country)

Kansas City, Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Elias Boutross

13b. MOTHER'S MAIDEN NAME

Selma Mussallem

14. NAME OF HUSBAND OR WIFE

Tillie Boutross

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Eskeya Boutross, 3918 McGee, K.C. Mo

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Edema of Lungs

INTERVAL BETWEEN ONSET AND DEATH

5 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arterio Sclerotic Heart Disease

DUE TO (c)

Diabetes

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

1) Diabetic Gangrene 2) Gastric Hemorrhage

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

2/13/62

to

2/22/62

and last saw him

live on

2/22/62

Death occurred at

about 11:30

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Print or title)

Braham J. Geha MD

22b. ADDRESS

372 Doctors Bldg. East
751 E. 63rd St. K.C. Mo

22c. DATE SIGNED

2-22-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Feb. 24, 1962

23c. NAME OF CEMETERY OR CREMATORY

Mt. St. Mary's Cemetery

23d. LOCATION (City, town, or county)

Kansas City

(State)

Missouri

24. FUNERAL DIRECTOR

D.W. Newcomer's Sons Kan/City, Mo.

ADDRESS

331 Brush St.

DATE RECD. BY LOCAL REG.

2-22-62

26. REGISTRAR'S SIGNATURE

Keith Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF
MEDICAL CERTIFICATION
Braham J. Geha

DATE AMENDED

VS 300
Rev. 4/59

1

2 3/2 78

3

4 0

5 1

6

7 0

8 2

9 260 X

10

11

12 65-0

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harold L. Lottmacker

Licensed Embalmer No. 3035

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.